

台中縣神岡鄉中山路1448號 NO-1448-CHUNG-SAN-RD-

SHEN KANG HSIANG, TAICHUNG, TAIWAN,

TEL 886-4-2561-3111 FAX:886-4-2561-3589 URL http://www.durq.com.tw E-MAIL: furq@tcts.seed.net tw

JAN 1 8 2002

K013116

510(k) Summary

(1) Submitter's Name:

Durg Machinery Corp.

Address

No. 1448, Chung San Rd., Shen Kang Hsiang, Taichung, Taiwan, R.O.C

Phone:

886-4-2561-3111

Fax: 886-4-2561-3589

Contact: Ray Liao/ R&D Engineer

Summary Prepared Date: Aug. 29, 2001

(2) Trade Name and Products

Trade name 1. - Durq

Trade name 2. -QualiDura

Product - Electric Nose Vacuum (Aspirator)

Model No: 02001

Classification name – BTA Powered Pump Aspiration (per 21 CFR section \ 878.4780)

(3) Reason of Submission:

A New Device.

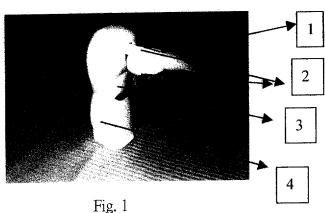


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(4) Description of the device



1. Material: Silicone Rubber

Manufacturer: Silastic

Cat. No.: K770

FDA: 21 CFR177.2600

2. Collection Cup

Material: PC

Manufacturer: Lexan

Cat. No.: 144R

FDA: 21 CFR177.2600

3. Button:

Material: TPR

Manufacturer: Sarlink

Cat. No.: 3170

FDA: 21 CFR 177.2600

4. Enclosure:

Material: ABS

Manufacturer: Chi Mei Corp.,

1018 A 180



聖傑機器工業股份有限公司 台中縣神岡總中地路1448號 NO::1448; CHUNG: SAN: RD. SHEN KANG HSIANG, TAICHUNG, TAIWAN

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(5) Intended use of the device [807.92(a)(5)].

It is designed to improve the disadvantages of the conventional rubber bulb type aspirators with poor suction power, unstable and hard to use. Now no more squeezing by hands or suction by mouth. It removes nasal mucus and fluids from baby's nostrils at home safely and easily.

(6) Per section 807.92(a)(6), the 510(k) claiming equivalence.

N/A

(7)Substantial equivalence [807.92(b)(1)].

N/A

(8) Substantial equivalence [807.92(b)(2)]. N/A

(9) Per section 807.92(b)(3) N/A

(10) Safety

Power:

4.5 V DC Power Supply (without electric shock hazard.)

Vacuum Pressure:

0-45 kpa (without person injury hazard.)

Contact Nozzle Material:

Silicone Rubber, Cat. No.: K770 by Silastic, are listed in 21CFR177.2600(without poisoned hazard.)

Warning Labeling:

See 3-22.

Warning provided in Instruction:

See OPERATION MANUAL.

Ref:

5. PERSONAL HYGIENE AND HEALTH CARE APPLIANCES
UL 1431 Check List



聖傑機器工業股份有限公司

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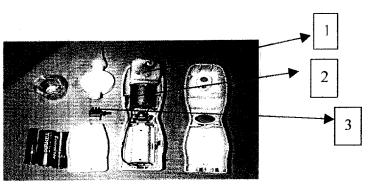


Fig. 2

1. Pump Body

Material: POM

Manufacturer: Polyplastics Co., Ltd.,

Cat. No.: M90-01 FDA: 21 CR 177.2470

2. DC Motor

Manufacturer: Mabuchi Motor Co., Ltd.,

Cat. No.: RE-280SA-2865

Operating Voltage: 1.5 V – 4.5 V DC Nominal Voltage: 3 V - 4.5 V DC

3. DC Momentary Start Switch

Manufacturer: Sweeta Products Corporation

Cat. No.: PS-22F05

Rating: 50 V DC 0.3 A

Operation: Push start(momentary contact).



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JAN 1 8 2002

Mr. Daniel Yang
Ever-Safety Technical Service
No. 13, Alley 28, Lane 108
Young Feng Road
Taichung Hsien, Taiwan
China

Re: K013116

Trade/Device Name: Dura/QualiDura

Regulation Number: 878.4780

Regulation Name: Powered suction pump

Regulatory Class: II Product Code: BTA

Dated: December 17, 2001 Received: December 27, 2001

Dear Mr. Yang:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

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510(k) Number (if known): K	013116			
Device Name: Electrie		cuum		
Indications For Use:				
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THE ELECTRIC				
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OND FLUIDS FI	ROM BAB	y's Ni	PSTRILS	•
(PLEASE DO NOT WRITE BELOW	V THIS LINE - CONTIN	IUE ON ANOTHE	R PAGE IF NEEI	DED)
Concurrence of C	DRH, Office of Dev	ice Evaluation (ODE)	
			-	
Prescription Use (Per 21 CFR 801.109)	OR	Over-The	-Counter Use	
	(Division Signative Division of Ge and Feurologic 510(k) Numbe	neral, Restorat cal Devices C	(Optional Form	nat I <i>-</i> 2-96)